	- STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10		
	DECEASED NAME	FIRST	A	HÖDLE	ı	AST	20. DATE OF DEATH		DAY YEAR	2h HOUR
	PYPE OR PRINT)  Be	nnie		NMN	Ba	iley	March 2.	1980		11:1
3	SEX		4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR		IF UNDER I YEAR	# UNDER 24
	Male		White		Febri	lary 18. 1898	38 X 81	YRS.	MONTHS DAYS	HOURS
1	B. BIRTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
5	Maryland		U.S.	A -	WIDOWE		Kent Cou	ntv		
1	CITY OR TOWN OF DE	ATH	11. NAME OF H	IOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPAT	ION	12h KIND O	F BUSINES
7	Chestertown			d Queen		s Hospital	Farmer	OF WORKING LI	FEI INDUSTRY	
	JSUAL RESIDENCE (IF NUR	136 COUN	OTHER INSTITUTION,		E ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS			
1	Maryland	Ker		Kennedy		YES NO X	General De	eliver	CV	
_	FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
10	Ben jamin		NMN	Bail	PW	Tempurano	MIDDLE	NMN	Gre	
2 1	WAS DECEASED EVER			160 SOCIAL SECU	4	17 INFORMANT	ADDR			620
/ 1	YES, NO OR UNKNOWN	(# YES, GIVE	WAR OR DATES)	215-30-	3225	Hospital Re	acarda Cha	a+a=+	own, Mar	
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	0100									
	0 637		DUE TO, OR	AS A CONSTQUE	NCE OF	1 + tin .				
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	gove rise to im	mediote ng the	(b)	IMY	livit	ei tion				
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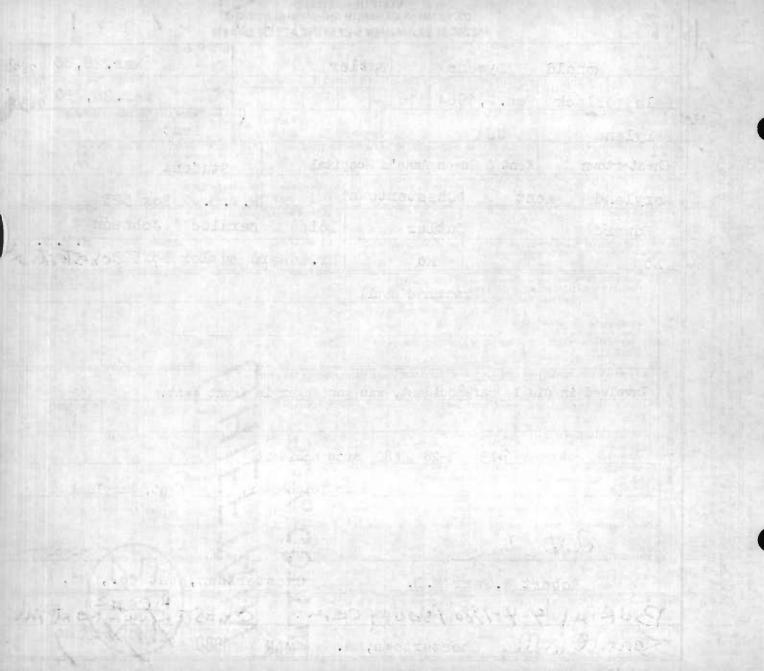
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	DECEASED NAME	FIRST		AIDDLE		AST	20 DATE OF DEATH			2h HOUR
		James		John	Bail	2	March 19,			3:20A N
)	SEX Male		White	2	S DATE C	ust 16, 1922	6 AGE (IN YEARS LAST BIRT	HDAY] IF UN	HS OAYS	HOURS MIN
35 71.	BIRTHPLACE (STATE OF COUNTRY) Maryland			WHAT COUNTRY? States	MARRIE WIDOWE	DE NEVER MARRIED DO DIORCED	1 BALTIMORE CITY O	R COUNTY OF	DEATH	Mo
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130	STATE aryland	THE COUNTY Kent	HER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION) 'N	134 INSIDE CITY LIMITS?	Rural Rout	e 5		
6	FATHER'S NAME Harvey	MIDI	DLE	Bailey		15. MOTHER'S MAIDEN NA Mellicen			Språs	7
160	(YES, NO OR UNKNOWN)	ER IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT	ADDRI			
	No			217-36-	1776	Hospital Re	cords, Ches	tertown,		Tland
2 CERTIFICATION	PART 2 OTHER SI	mmediote sting the use last GNIFICANT COI	(c) NDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WE	ERE FINDING	GS USED OF DEATH?
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236	BURIAL, CREMATIO (SPECIFY) Burial		23b. DATE 3/22/	/80 Cl		r Cemetery	23d LOCATION Cheste	rtown	"Md	STATE
25M 1/79	FUNERAL DIRECTOR	Pai (1)	000	Cheste:	rtowr	MAR MAR	e REC'D. BY REGISTRAR	ZSIN EGISTRAR'	SIGNATU	JRE

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14		CEASED NAME	FIRST		WIDDIE			LAST		2.11	2a. DATE K		MONTH		26 HOUR
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PLEASE RECTOR. R FILES. HOURS	3. SEX			5. DATE OF BIRTH	YEAR	6. AGE (IN YEA			IF UNDER		2c. DATE		MONTH	DAY YEAR	2d HOUR
N S	B/I-	ale Bl	ack		964	16 yr		DAYS	HOURS	MIN.	PRONOUNG DEAD	CED	Mar.	28, ,80	7.3/1
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45.3	Ma	eryland		USA			WIDOW	ED 🗆	DIVORC	ED D		ent			MD
SHIP I	FO. CI	Y OR TOWN OF D	EATH	11. NAME OF HOS	PITAL, NUI	RSING HOME,	OR OTHE	ER INSTITU	TION		AL OCCUPA		YPE OF WORK	12b. KIND OF B OR INDUS	USINESS TRY
DELAY TO TH TO TH PAG BE FILE		nestertown		Kent & Q				pital	537 .		Stude			3.00	
F ANY DEL. AND 3 TO RETAIN BE HOULD BE RECORDS	USUA 13a S		113b. COUNT	ROTHER INSTITUTION, GIV		OR TOWN		13d. INSIDE C	SZTIMIT YTI	113e STR	EET ADDRES	SS			7.0
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AL S 3,2	14. FA	THER'S NAME		MIDDLE		LACT		15. MOTH	ER'S MAID	EN NAME					
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DURS AFTER DEATH  18. GIVE PAGES 1, WITH FORM PM  T. PAGES 1 AND 3  T. DIVISION OF VIT.		Vo.	(IF TES, GIVE V	VAR OR DATES)	N	To		Mr.	Edwa:	rd B	utle	r Bo	x523	chester	Howir
18. 0	7	18. CAUSE OF DEA	ATH (Enter only	y ane couse per line						12.10	MILL I			APPROXIMA BETWEEN ONS	
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S CERTIFICATE SHOULD BE EXECUTED WITHIN STRING THE WORD "PENDING" IN PENCIL IN YED TO THE CHIEF MEDICAL EXAMINER B. 3 SHOULD BE USED AS A BURIAL-IRANSIT E DEPARTMENT OF HEALTH AND MENTAL HY PRIOR-TO BURIAL, CREMATION, OR REMOVA		Tyling coose las	1.	(c)											
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58 E 20 4	IFF													YES 🗆	NOT
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3P	40.00	DOK.	A	1-4-176	10	SNUF	100	2/4	•	10	NE31	ER	(olu r	KEH	MY
DHMH - 17 R A15 ME (5))	10.51	E DIRECTOR	214	ADDRESS.		- 204 - 200	25.2			0.1	1980	255	DESIRAR'S	A COURT OF	
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Chestertown, Md.

MIDDLE

FOR

REGISTRAR

4 FUNERAL DIRECTOR

DHMH-16 25M (VRA 15, 4) 1/79 DECEASED NAME

- STATE

LTYPE OR PRINTS

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Maryland APPROXIMATE INTERVAL

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INDUSTRY

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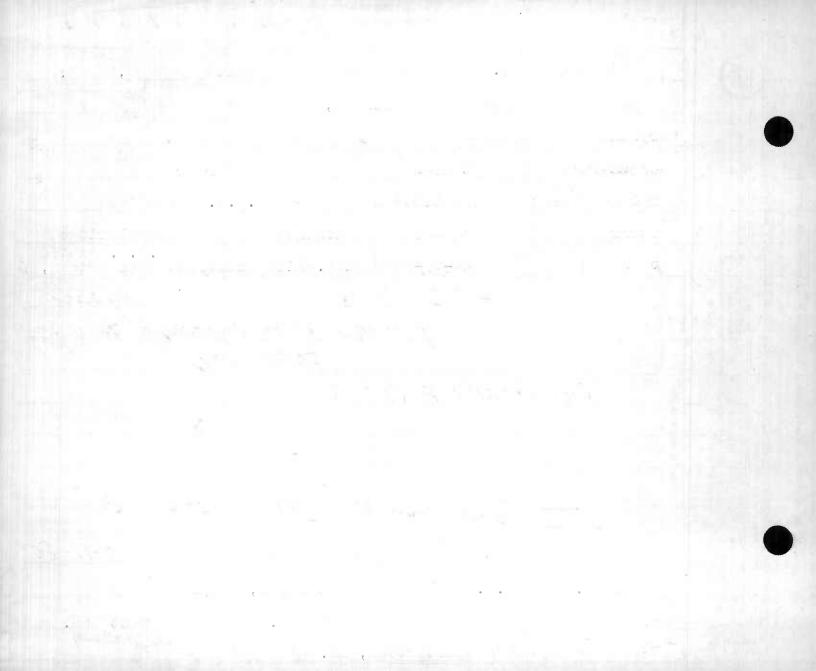
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20 DATE OF DEATH MONTH

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-		I. DE	CEASED NAME FIRST	MI	DOLE	ŁASŤ	•	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
IN	1)	,,,,,	William	E.		commodor	ce	March	8	,80	3:P M
IIK	<i>y</i>	3. SE	(	4 RACE		5. DATE OF BIRTH	OAY YEAR	& AGE (IN YEARS LAST BI		NOER I YEAR	IF UNDER 24 HRS
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9 TO	2 ho	C	RTHPLACE (STATE OR FOREIGN		HAT COUNTRY?	MARRIED N	EVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
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s after of by the fu	led with	10 C	TY OR TOWN OF DEATH Chestertown	LIF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET AT HOME	G HOME OR OTHE ADDRESS)	RINSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Farme	OF WORKING LIFE)	126. KIND OF INDUSTRY	F BUSINESS OR
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be e	Po e	1	0		220-09-	1985 Mi	ss. Alice	e Commodo	re Che		
cate	wol .	П	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per l	ine for (a), (b), one	1917					MATE INTERVAL INSET AND DEATH
g ph	ever			IATE CAUSE (a)	1. J. C.	(/1) è	2			1126	u
of the	corb notic		410-	DUE TO, OR	AS A CONSEQUE	NCE OF				Total a	
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that the	ol, crem ar ather		couse (a), stating the underlying cause last	(c)	AS A CONSÉQUE			RCTION			
equires in signe	r ta bur injury, a	NO.	PART 2 OTHER SIGNIFICAN	-MONA	RU F	1 BROS	LATED TO THE TERM	INAL DISEASE OR COM	DITION GIVEN	IN PART 1(o	
he law r an. has bee	ows ony	CERTIFICATION	190 DATE OF OPERATION	1% CONDIT	ION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH? NO
CIAN: T 3 physici ertificate	of-transintal Hygem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.N	MONTH DA	Y YEAR	OW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART 1	OR PART 2)	
tending r this co	and Me	MEDICAL	21d INJURY OCCURRED	21e PLACE O		211 LC	OCATION STREET	CITY OR TO	WN	COUNTY	STATE
o o a	olth mork		220   certify that (I) (this ha	sputed attended the	deceased from	12-30	10 7 8	· >-	- R 10	80.	that (I) (we) lost
prtol TOR	of He		sow the deceased alive above, (1) (was) (did) (did	on	13 197	NC III	n (my) (ex-) opinion (	death occurred an the o	late and hour an		
he hos	Dept F Hem		22b. SIGNATURE		Mod	DEGREE	ATTENDING &	MEDICAL STA	AFF _	22c DATE S	J- DI
by the	State TANT:		22d. PHYSICIAM'S NAME (TYP	E OR PRINT)	(N)	22a. A	DDRESS /	DIRECTOR PHYS	CIAN	2.1.	1 00
o HOS	with the Stat		Harry P. R	loss M.D.		Ch	estertow		and		
T e	v > 2	23a I	BURIAL, CREMATION, REMOV			NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION CITY OR TOWN		INTY	STATE
BP		Bu	rial	3/13/	80 Aa	ron Cha		Rock H	all Ker		id.
	I-16 20M 5, 4) 7/7B	24 F	JNERAUDIRECTOR 3	Valley	Cheste	rtown,	Md. MAR 1	9 1980	rifry)	CE CHAIL	1



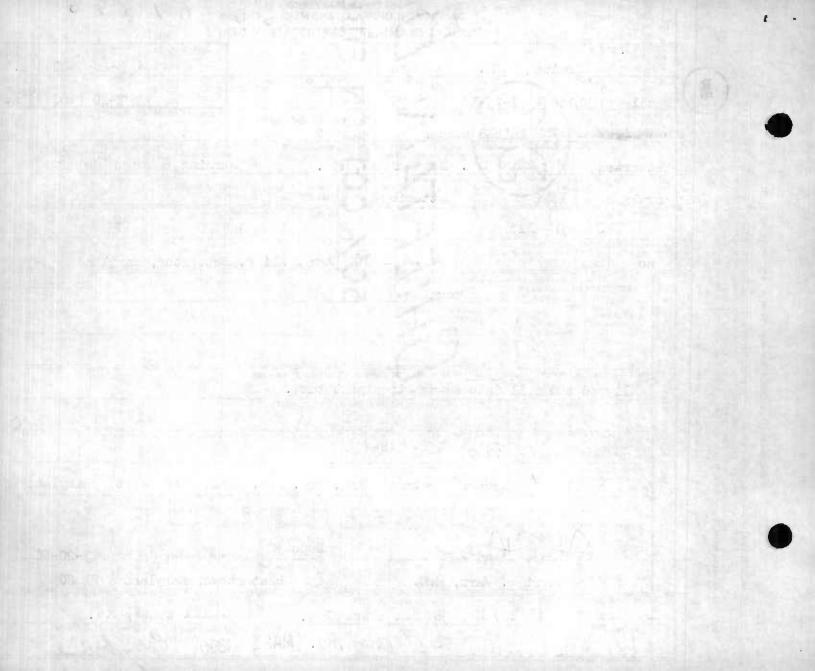
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 2ª DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 9:24 March 26, 1980 Virginia Graham Anne 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX HOURS Female. White September 4.1919 BALTIMORE CITY OR COUNTY OF DEATH Te. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Kent County Maryland U.S.A. WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Chestertown Kent and Oueen Anne's Hospital. Ind. Postal Clerk Post Office USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 OUNTY 136. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Sudlersville P.O. Box 15 Maryland Oueen Anne YES X NO [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST William Haddaway Gladvs Virginia Wright Neal Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 217-14-8775 Hospital Records-Chestertown, Maryland 21620 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Circhosis hours crow IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP YES [ NO I and Mental Hygi 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 211 LOCATION 21d INJURY OCCURRED 21# PLACE OF INJURY arked CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from January 29 19.80 10 March 19\_80 March 26 80 saw the deceased alive an\_ and that in (my) (our) apinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22h SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be det with the Stat 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS C. Gottfried Baumann, M.D. Chestertown, Maryland 21620 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 23h. DATE CITY OR TOWN MAR 30 SUDLERSYILLE CEM. SUDLERSYILLE BURIAL 250. DATE RECED. BY RECEDERAR 256. BELLEVIANE 24 FUNEBAL DIRECTOR DHMH-16 25M Chestertown, Md (VRA 15, 4) 1/79

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		FOR STATE REGISTRAR		DEPARTMENT OF	HEALTH	HAND MENTAL HY	4 4 4 4	0 7	5 9 3	;
16/		CEASED NAME FIRST		MIDDLE		LAST	20. DATE KN	OWN MONTH	DAY YEAR	2ь. ноы
E. R.S. S. S. S. F.		Dorothy		Marie		nry	DEATH M	ated   Mar.		4:45
NECESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. D. WITHIN 72 HOURS W PRESTON STREET,	3 SEX	emale Black	S. DATE OF BIRTH MONTH DAY Aug. 13,	1940 39	AY) MONT	HS DAYS HOURS A	HRS. 26. DATE PRONOUNCE DEAD	Mar. 24	DAY YEAR . , 80	2d. HO
SSAR RAL D	7a. B	RTHPLACE (STATE OR	76. CITIZEN OF WE			IED MEVER MARRIED	9 BALTIMOR	E CITY OR COUNT		4:47
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PEANY DELY 15 NI AND 3 TO THE FL REFAIN PAGE 5 SHOULD BE FLED.	1	TY OR TOWN OF DEATH Chestertown	(IF NOT IN SUCH FAI	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Queen	E, OR OTH		20. USUAL OCCUPAT FOR MOST OF WORKING COOK	TON (TYPE OF WORK	OR INDUST	SINESS
ANY DEL AND 3 TO AND 3 TO COULD BE ECORDS	USU	L RESIDENCE (IF IN NURSING HOME C	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)	Name of the last o				
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MD. 2 S 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14. F/	ATHER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN	NAME		LAST	
MORE, MD.	16a. V	Teverson  VAS DECEASED EVER IN U.S. ARA	MED FORCES?	Wilmore		Marie 17. INFORMANT		FOI ADDRESS > -		
BALTIMOI URS AFTER 8. GIVE PAGE PAGES 1 DIVISION O	N	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	212-40-8		Mr. Wallac	e Henry		D.#3	Md.
ST., BAI HOURS A 18. G AG WIT MIT. PA		18 CAUSE OF DEATH (Enter on		for (o), (b), and (c).)					APPROXIMATE BETWEEN ONSE	INTERVAL
TON ST., V 24 HOU V 14 ITEM 18 ALONG V PERMIT. YGENE, I		IMMEDIA"	E CAUSE (0)_ Pr	obable Puli		y Embolism				
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S, 301 W. PRESTON ST. ECUTED WITHIN 24 HC 3" IN PENCIL IN ITEM 1 AL EXAMINER ALONG BOURIAL-TRANSIT PERMIT ND MENTAL HYGIENE, NN, OR REMOVAL.		gave rise to immediate cause (a) stating the under- lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF			1000	2,5.00	
S, 301	1.3		(c)	NIL MAY ASI ASSO SA ANG SA						
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201  S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF/AN  RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND  ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RET  E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOUL  E PERPARTIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECC	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	AINAL OISEAS	E OR CONDITION GIVEN IN PART	1 (0).			
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AL ECHHECINAL POUL		ACTUAL SIGNATURE	CV N	eu	м	Deputy Deputy	_MEDICAL EXAMIN	ER SIGNE	3-26-	80
MEDIC CUTE T E 4 S CUNER R DEA	-	EXAMINER'S NAME Robe:	rt W. Fa	rr		ADDRESS Cheste	ertown, K	ent Co.	Maryla	and
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21:	1	URIAL, CREMATION, REMOVAL	3b. DATE	23c. NAME OF CE	METERY O		23d. LOCATION CITY OR TOWN R. F. D. WO			
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 0. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Timothy Lee Paire DEATH MATED 3 21 19 80 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male Black. 1942 37 DEAD 13 80 19 5 FOR YOU WITHIN Th. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TEVER MARRIED FOREIGN COUNTRY MO Prince George's County. WIDOWED DIVORCED AY IS N THE FI AGE 5 FILED, 301 W IO CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cheverly Prince George's General Hospital 3. RETAIN PA DRW PM 3. RETAIN P.
1 AND 2 SHOULD BE Uncompleyed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO D 916-60+4 14. FATHER'S NAME MIDDLE LAST LAST 300 INFORMANT IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 17m154 13 E unc 1/NKAIOWN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, Blunt injury to head and trunk IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL-TRANSIT ALTH AND MENTAL HY MATION, OR REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES X NO [ PAGE 3 SHOULD BE STATE DEPARTMENT C 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING 2 MEDICAL CONTRIBUTING CAUSE OF DEATH 8: 50P.M. 21 19 80 Pedestrian struck by several auomobiles PRIOR 21e PLACE OF INJURY 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.I CITY OR TOWN WHILE AT WORK Palmer Highway street Prince George's Md. 220. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my apinian death resulted fram: Hamicide Natural causes Accident X Suicide Undetermined manner WITH TITLE (SPECIFY) TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, N BALTIMORE, MA ACTUAL 3/23/80 Assistant MEDICAL EXAMINER Virginia L. Dolan, M.D. EXAMINER'S NAME 111 Penn Street TYPE OR PRINT BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE 3-28-80 BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** 1981 printing Melready (VR A15 ME (5)) 15M 7/77

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the medical exam

## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. N	VO.				
DEATH	MONTH	DAY	YEAR	21	HOU

		REGISTRAR		CENTILICA	ALL OF DEATH	REG. NO	REG. NO.					
		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR			
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	3 SEX	The second state of the second state of	4 RACE	5. DATE OF B	IRTH YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN			
		Male	Canoa.	8	- 9 - 94	83		IIIIS GATS	NOOKS MILE			
0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
7		New York	USA	WIDOWED		Howak	MD.					
9	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		THER INSTITUTION	12a. USUAL OCCUPATION OF THE OF WORK FOR MOST OF		126. KIND OF BUSINESS OR INDUSTRY				
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			MED FORCES? 166 SOCIAL SECUI	RITY NO. 17	INFORMANT	ADDRE	SS					
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		18 CAUSE OF DEATH (Enter on	ily ane cause per line far (a), (b), and					BETWEEN	MATE INTERVAL ONSET AND DEATH			
		PART I. DE ATH WAS CAUSE IMMEDIA		DI	1445							
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		gove rise to immediate couse (a), stating the										
		couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 16	a			
	CERTIFICATION					NA ELEKTRIC						
7	CAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	AS PERFORMED			, WERE FINDINGS USED YING CAUSES OF DEATH?				
4	RTIF							YES NO YES NO				
0		21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA		HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2]				
7	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	AIII	19								
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	I LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE			
	2	AT WORK AT WORK						10.2				
	1	22a.l certify that (1) (this hosp	tal) attended the deceased from_	4,18	. 19	10_3180	. 19		that (I) (aua) lost			
		sow the deceased alive an above, (1) (we) (did ) (did no	1) view the body after death.	, ond t	hat in (my) (ass) opinion	death occurred on the de	ote and hour o	nd from the	causes stated			
		226. SIGNATURE	1	DEC	REE	MEDICAL STAT		22c. DATE	SIGNED			
		Cleranna	m	mi	PHYSICIAN PHYSICIAN	MEDICAL STAI	IAN 🗌	3,0	5,00			
1	16	22d. PHYSICIAN'S NAME THE										
		DR. Te	d Didisman		5449 KMARDS	Fren RD	Corums	in mo	21044			
		BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	AME OF CEM	ETERY OR CREMATORY	23d. LOCATION	, cc	UNTY	STATE			
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	24 FL	UNERAL DIRECTOR	ADDRESSE	licott	CITY 250. DAT	E REC'D. BY REGISTRAR	256. REDISTRA	R'S SIGNAT	LURE			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

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2 2		STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS											
10	1.	STATE REGISTRAR		CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENS  CERTIFICATE OF DEATH  REG. NO.									
		CEASED NAME FIR	ST.	M	IODLE	(.	AST		20 DATE OF DEAT		DAY YEAR	2b HOUR	
nay be page 3	(TYPE	ORPRINT) TREE	ex		C.	5	menen	5		2	180	400 AM	
may pa	3. SE	(	4 R	ACE		5. DATE C	FBIRTH		6. AGE (IN YEARS LAS	I BIRTHOAY	IF UNGER 1 YEAR	IF UNDER 24 HRS	
4		male		Cauc	2	MONTH 02	03	1899	81	YRS.	MONTHS CIAYS	HOURS MIN	
Poge Adirect	70. B	O. BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY? 8		/2 8	ED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH				
death.		5°C.		USA	7	WIDOWE		RCED [	Howa	ndco	unty	MD.	
	10. ⊂	TY OR TOWN OF DEATH	1).				R OTHER INSTITU	JTION	12a. USUAL OCCUI			OF BUSINESS OR	
by the filed win	Co	-olumbia		HOWAYA COUNTY Ben HOSDI			151	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
De pe	USU 13a	AL RESIDENCE (IF NURSING H	OME OR OTH		GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY	LIMITS2	13e STREET ADDRE	55	,	, =	
NND 2 1 Filled avild b		md b	OWA	ind.	Ellicott	City		0 🗍	8572 11	orse!	Shoe Re	4	
RYLA within	14. F/	THER'S NAME	MIGD		LAST	1	15 MOTHER'S M		NE MIGG	E	ŧA:		
MAR wed w	12	unkno		cc	CASI		r m S	01	unknown		łA:	51	
ORE, xecut and co ges 1		VAS DECEASED EVER IN U	S. ARMED		166 SOCIAL SE	CURITY NO.	17 INFORMANT		8572 Hor	seshoe	Road	THE PARTY OF	
medica		no		on onics,	25/16	5408	Eula Sin	mons	Ellicott		Maryland	21043	
ficate by papers papers and, the		18 CAUSE OF DEATH (Er	ter only o	ne couse per l	ine for jay (b),	and (c).)		,		1	BETWEEN	MATE INTERVAL ONSET AND DEATH	
Trifical rhifical physical property emayor		PART I. DEATH WAS C	EDIATE C.		Caro	luces	pilor &	de	distels	4	72	inites	
on ding		1991		DUE TO, OR	AS A CONSEG	UENCE OF.	,	/			,	1	
deat deat		Canditions, if ony, whi		(b)		asta	Lie a	rece	noma		7	UNS.	
		gave rise to immedia cause (a), stating t		DUE TO, OR	AS A CONSEC	UENCE OF							
that the that the day the lease re ial, cremar ar other		underlying cause last (c)											
Uires to signed seen plea a burio ury, or ury, or	_	PART 2. OTHER SIGNIFIC	ANT CON	IDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	THE TERMI	NAL DISEASE OR C	ONDITION G	IVEN IN PART 1	a F	
5 5 5 5	CERTIFICATION	6	negl	Alla	1 fee	rey;	tall	4				The Parties	
	OA	19a DATE OF OPERATION	5	196 CONDIT	ION FOR WHIC	H OPERATION	WAS PERFORM	NED	200 AUTOPSY?		ES, WERE FINDI		
ON OF VITAL R  TYSICIAN: The Is ding physician. Is certificate has buriol-transit pe Mental Hygiere Mental Bybaws or Irem 18 shows	RTIF								YES NO		res 🗌	но 🗆	
> Z & 00 x 8		21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE		21b. TIME OF HOUR A.A	A. MONTH	DAY YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	, PART 1 OR PART 2)		
DIVISION OF  NG PHYSICIA ottending pl  ther this certif as the buriol-t th and Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA		P.A		19							
S the state of the	WED	21d INJURY OCCURRED		21e PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFIC	E, FARM, ETC.]	211 LOCATION STREET		CITY O	RTOWN	COUNTY	STATE	
DIVI DING Pr att After e es tl alth a		AT WORK					1			-/-			
O 0 0 E		220 1 certify that (I) (this		attended the	deceased from	1011	7-28	19 50	, to	5//	. 19 00	that (I) (we) last	
R ATTEND hospital a hospital a hed for use tept. af Hem 21 is m	1	saw the deceased al		ew Me pody o	ter death			or) apinian a	eath accurred on th	date and he		causes stated	
OR A he has DIREC ached DOREC DOREC		22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF											
		11/	lus	PHU	44,7	16/2	PHY		DIRECTOR   PH		211	180	
000056		22d. PHYSICIAN'S NAME	71	10	6/1	1	22e ADDRESS	20	0	111	1 1	100	
TO HOSPITAL TO FUNERAL should be del with the State			lan	0,	2/all	1,MD	6	MUI	" Ora	Med	wal	Tean	
55.50	23a. I	SURIAL, CREMATION, REM	OVAL 2	3b. DATE			EMETERY OR CRE		23d. LOCATION CITY OR TOWN		COUNTY	STATE	
BP		burial		3/4/80	) Me	eadowri	dge Mem.		Elkridg			and	
DHMH - 16 50M 7/77 (VR A 15 (4))		INERAL DIRECTOR			ADDRESS				REC'D. BY REGISTI	RAR 25b. REGI	STRAR'S SIGNA	TURE	
(AKW (2)(all)	LA	CK Funeral H	ome, E	Illicot	t City	Maryla	nd 21043	3 LAND	£ 1000	Prin	tou hal	ready	

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Millington, Md.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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